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| B1 (Official Form 1)(04/13)   |   |   |  | Jannonie                      |  | 90 ± 0.   |  |  |  |   |   |
|---|---|---|--|-------------------------------|--|---|--|--|--|---|---|
|   | United S<br>Nor   |   |  | ruptcy (<br>of Illinoi        |  |   |  |  | Vol  | luntary   | Petition  |
| Name of Debtor (if individual, o<br>Kagan, Jordan Myles   | enter Last, First,  | Middle):  |  |                               | Name   | of Joint De   | ebtor (Spouse  | e) (Last, First  | , Middle):   |   |   |
| All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):  |   |   |  |                               |  | used by the I maiden, and   |  |  | 3 years  |   |   |
| Last four digits of Soc. Sec. or I (if more than one, state all)  xxx-xx-5700  Street Address of Debtor (No. an   |   |   | ΓIN)/Com <sub>j</sub>  | plete EIN                     | (if more   | than one, state   | f Soc. Sec. or all)  |  |  |   | o./Complete EIN   |
| 5800 N St Louis<br>Chicago, IL  |   |   | _  | ZIP Code                      |  |   |  |  |  |   | ZIP Code  |
| County of Residence or of the P   | rincipal Place of   | Business:   |  | 60645                         | Count  | y of Reside   | ence or of the   | Principal Pla  | ace of Busi  | ness:   |   |
| Mailing Address of Debtor (if di<br>3401 West Devon<br>Chicago, IL  | ifferent from stre  | eet address)  | ):   | ZIP Code                      | Mailir   | ng Address  | of Joint Debt  | or (if differe   | nt from stre   | eet address):   | ZIP Code  |
| Location of Principal Assets of I<br>(if different from street address a  |   |   | Γ  | 50659-757                     | <u>'1</u>  |   |  |  |  |   | Zii Code  |
| Type of Debtor  (Form of Organization) (Che Individual (includes Joint De See Exhibit D on page 2 of this J Corporation (includes LLC a Partnership Other (If debtor is not one of th check this box and state type of  Chapter 15 Debtor Country of debtor's center of main i Each country in which a foreign pro by, regarding, or against debtor is po | eck one box) ebtors) form. and LLP) the above entities, entity below.)  ors nterests: | Single in 11 1  | (Check or Care Buse Asset Re U.S.C. § 1 and broker and broker and Bank Tax-Exer Check box is a tax-ex Title 26 of the control  | eal Estate as (101 (51B)      | )<br>ution<br>ttes<br>de).   | defined<br>"incurr  | er 7 er 9 er 11 er 12 er 13 are primarily collin 11 U.S.C. § ed by an indivional, family, or | Of O   | hapter 15 P a Foreign hapter 15 P a Foreign hapter 15 P a Foreign e of Debts k one box) for pose." | etition for R<br>Main Proced<br>etition for R<br>Nonmain Pr | Recognition eding   |
| ■ Full Filing Fee attached □ Filing Fee to be paid in installmentattach signed application for the debtor is unable to pay fee exceptorm 3A. □ Filing Fee waiver requested (appattach signed application for the  | ents (applicable to<br>court's consideration<br>of in installments. F                 | individuals o<br>on certifying<br>Rule 1006(b)<br>7 individuals | that the office of the state of | ial Check if Check as t AB. A | ebtor is a si<br>ebtor is not<br>ebtor's agg<br>e less than<br>Il applicable<br>plan is bein<br>cceptances | a small busi<br>regate nonco<br>\$2,490,925 (<br>e boxes:<br>ng filed with<br>of the plan w |  | defined in 11 tages defined in 11 tages debts (except to adjustment defined in 11 tages defined in 11 tage | J.S.C. § 1010<br>cluding debts<br>from 4/01/16   | (51D).  s owed to inside and every three                    | ders or affiliates)<br>ee years thereafter).<br>reditors, |
| Statistical/Administrative Info  ■ Debtor estimates that funds v  □ Debtor estimates that, after a there will be no funds availa  | will be available<br>my exempt prope  | erty is exclu   | uded and   | administrativ                 |  | es paid,  |  | THIS   | SPACE IS   | FOR COURT   | USE ONLY  |
| Estimated Number of Creditors   | 200-  | 1,000-  | 5,001-<br>10,000   | 10,001-                       | □<br>25,001-<br>50,000   | 50,001-<br>100,000  | OVER 100,000   |  |  |   |   |
| Estimated Assets  So to \$50,001 to \$100,000 \$500,000   | to \$500,001 S<br>to \$1 t  | \$1,000,001 S<br>to \$10  | \$10,000,001<br>to \$50<br>million   | \$50,000,001<br>to \$100      | \$100,000,001<br>to \$500<br>million   | \$500,000,001<br>to \$1 billion   |  |  |  |   |   |
| Estimated Liabilities   | to \$500,001 S<br>to \$1 t  | \$1,000,001<br>to \$10  | \$10,000,001<br>to \$50<br>million   | \$50,000,001<br>to \$100      | \$100,000,001<br>to \$500<br>million   | \$500,000,001 to \$1 billion  |  |  |  |   |   |

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**B1** (Official Form 1)(04/13) Page 2 Name of Debtor(s): Voluntary Petition Kagan, Jordan Myles (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Location Case Number: Date Filed: Where Filed: - None -Location Case Number: Date Filed: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Judge: Relationship: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. X /s/ Patrick J Hart April 9, 2015 Signature of Attorney for Debtor(s) (Date) Patrick J Hart 01142461 Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. П Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).

### B1 (Official Form 1)(04/13)

**Voluntary Petition** 

(This page must be completed and filed in every case)

### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

### ▼ /s/ Jordan Myles Kagan

Signature of Debtor Jordan Myles Kagan

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

April 9, 2015

Date

### Signature of Attorney\*

### X /s/ Patrick J Hart

Signature of Attorney for Debtor(s)

#### Patrick J Hart 01142461

Printed Name of Attorney for Debtor(s)

### Patrick J. Hart

Firm Name

728 Florsheim Drive Libertyville, IL 60048

Address

### 847 680 7240

Telephone Number

### April 9, 2015

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Name of Debtor(s):

Kagan, Jordan Myles

### Signatures

### Signature of a Foreign Representative

Page 3

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

| 7 | V |
|---|---|
| 1 | • |

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

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B 1D (Official Form 1, Exhibit D) (12/09)

## **United States Bankruptcy Court Northern District of Illinois**

| In re | Jordan Myles Kagan |           | Case No. |   |
|-------|--------------------|-----------|----------|---|
|       |                    | Debtor(s) | Chapter  | 7 |
|       |                    |           |          |   |

## EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

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| 1D (Official Form 1, Exhibit D) (12/09) - Cont. Page 2  |  |  |  |  |  |
|---|--|--|--|--|--|
| ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);  ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, of through the Internet.);  ☐ Active military duty in a military combat zone. |  |  |  |  |  |
| □ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling quirement of 11 U.S.C. § 109(h) does not apply in this district.   |  |  |  |  |  |
| I certify under penalty of perjury that the information provided above is true and correct.   |  |  |  |  |  |
| Signature of Debtor: /s/ Jordan Myles Kagan  Jordan Myles Kagan   |  |  |  |  |  |
| Date: April 9, 2015   |  |  |  |  |  |

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B6 Summary (Official Form 6 - Summary) (12/14)

## **United States Bankruptcy Court Northern District of Illinois**

| In re | Jordan Myles Kagan |        | Case No. |   |
|-------|--------------------|--------|----------|---|
| _     |                    | Debtor |          |   |
|       |                    |        | Chapter  | 7 |

### **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE  | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS            | LIABILITIES | OTHER    |
|---|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property   | Yes                  | 1                | 310,000.00        |             |          |
| B - Personal Property   | Yes                  | 3                | 47,757.00         |             |          |
| C - Property Claimed as Exempt  | Yes                  | 1                |                   |             |          |
| D - Creditors Holding Secured Claims  | Yes                  | 1                |                   | 275,035.00  |          |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes                  | 1                |                   | 0.00        |          |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                           | Yes                  | 10               |                   | 77,372.00   |          |
| G - Executory Contracts and<br>Unexpired Leases                                 | Yes                  | 1                |                   |             |          |
| H - Codebtors   | Yes                  | 1                |                   |             |          |
| I - Current Income of Individual<br>Debtor(s)                                   | Yes                  | 2                |                   |             | 2,238.00 |
| J - Current Expenditures of Individual Debtor(s)                                | Yes                  | 2                |                   |             | 2,976.00 |
| Total Number of Sheets of ALL Schedules   |                      | 23               |                   |             |          |
|   | To                   | otal Assets      | 357,757.00        |             |          |
|   |                      |                  | Total Liabilities | 352,407.00  |          |

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B 6 Summary (Official Form 6 - Summary) (12/14)

### **United States Bankruptcy Court Northern District of Illinois**

| In re | Jordan Myles Kagan |        | Case No |   |  |
|-------|--------------------|--------|---------|---|--|
|       |                    | Debtor | ,       |   |  |
|       |                    |        | Chapter | 7 |  |

### STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount |
|---|--------|
| Domestic Support Obligations (from Schedule E)  | 0.00   |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | 0.00   |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00   |
| Student Loan Obligations (from Schedule F)  | 0.00   |
| Domestic Support, Separation Agreement, and Divorce Decree<br>Obligations Not Reported on Schedule E                | 0.00   |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | 0.00   |
| TOTAL   | 0.00   |

### State the following:

| Average Income (from Schedule I, Line 12)  | 2,238.00 |
|--|----------|
| Average Expenses (from Schedule J, Line 22)  | 2,976.00 |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14) | 2,164.00 |

### State the following:

| Total from Schedule D, "UNSECURED PORTION, IF ANY"     column              |      | 0.00      |
|--|------|-----------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column             | 0.00 |           |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |      | 0.00      |
| 4. Total from Schedule F   |      | 77,372.00 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |      | 77,372.00 |

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B6A (Official Form 6A) (12/07)

| In re | Jordan Myles Kagan |        | Case No. |  |
|-------|--------------------|--------|----------|--|
| _     |                    | Debtor |          |  |

### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and **Unexpired Leases.** 

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| Description and Location of Property   | Nature of Debtor's<br>Interest in Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in<br>Property, without<br>Deducting any Secured<br>Claim or Exemption | Amount of<br>Secured Claim |
|--|--|---|--|----------------------------|
| One Half in Single family residence<br>Location: 2910 Sandalwood Road, Buffalo Grove IL<br>60089 | Tenancy by the entire                      | ty J  | 300,000.00   | 275,035.00                 |
| Land parcel<br>Location: Bilbao Lot 21, Versalles Lane, Hot<br>Springs AZ                        | Fee simple                                 | -   | 10,000.00  | 0.00                       |

Sub-Total > 310,000.00 (Total of this page)

310,000.00 Total >

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B6B (Official Form 6B) (12/07)

| In re | Jordan Myles Kagan | Case No. |  |
|-------|--------------------|----------|--|
| _     |                    | Debtor   |  |

### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

| Type of Property  | O<br>N<br>E   | Description and Location of Property  | Husband,<br>Wife,<br>Joint, or<br>Community  | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption  |
|---|---|---|--|--|
| Cash on hand  | X   |   |  |  |
| Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | Savin   | gs account, PNC Bank  | -  | 1,000.00   |
| Security deposits with public utilities, telephone companies, landlords, and others.  | X   |   |  |  |
| Household goods and furnishings, including audio, video, and computer equipment.  | Misce   | ellaneous household goods and furniture   | -  | 300.00   |
| Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.  | Misce   | ellaneous books   | -  | 100.00   |
| Wearing apparel.  | Misce<br>Locat  | ellaneous clothing<br>iion: 5800 N St Louis, Chicago IL 60645   | -  | 200.00   |
| Furs and jewelry.   | X   |   |  |  |
| Firearms and sports, photographic, and other hobby equipment.   | X   |   |  |  |
| Interests in insurance policies.<br>Name insurance company of each<br>policy and itemize surrender or<br>refund value of each.  | Term  | Life insurance Polocy with Met Life   | -  | 0.00   |
| Annuities. Itemize and name each issuer.  | X   |   |  |  |
|   |   |   |  | al > 1,600.00  |
|   | Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.  Security deposits with public utilities, telephone companies, landlords, and others.  Household goods and furnishings, including audio, video, and computer equipment.  Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.  Wearing apparel.  Furs and jewelry.  Firearms and sports, photographic, and other hobby equipment.  Interests in insurance policies.  Name insurance company of each policy and itemize surrender or refund value of each.  Annuities. Itemize and name each | Cash on hand  Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.  Security deposits with public utilities, telephone companies, landlords, and others.  Household goods and furnishings, including audio, video, and computer equipment.  Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.  Wearing apparel.  Misce Locat  Furs and jewelry.  Firearms and sports, photographic, and other hobby equipment.  Interests in insurance policies.  Name insurance company of each policy and itemize surrender or refund value of each.  Annuities. Itemize and name each  X | Cash on hand  Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.  Security deposits with public utilities, telephone companies, landlords, and others.  Household goods and furnishings, including audio, video, and computer equipment.  Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.  Wearing apparel.  Wiscellaneous books  Miscellaneous clothing Location: 5800 N St Louis, Chicago IL 60645  Furs and jewelry.  X  Firearms and sports, photographic, and other hobby equipment.  Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.  Annuities. Itemize and name each issuer. | Cash on hand  Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.  Security deposits with public utilities, telephone companies, landlords, and others.  Household goods and furnishings, including audio, video, and computer equipment.  Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact dise, and other collections or collectibles.  Wearing apparel.  Miscellaneous books  Miscellaneous books  - Wiscellaneous clothing Location: 5800 N St Louis, Chicago IL 60645  X  Firearms and sports, photographic, and other hobby equipment.  Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.  Annuities. Itemize and name each  X |

**2** continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

| In re | Jordan Myles Kagan | Case No |  |
|-------|--------------------|---------|--|
| _     |                    | Debtor  |  |

### **SCHEDULE B - PERSONAL PROPERTY**

|     |   |                  | (Continuation Sheet)                 |   |   |
|-----|---|------------------|--------------------------------------|---|---|
|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X                |                                      |   |   |
| 12. | Interests in IRA, ERISA, Keogh, or  | ı                | IRA With Regal Securities            | -   | 27,693.00   |
|     | other pension or profit sharing plans. Give particulars.  | 1                | Roth IRA with Regal Securities       | -   | 18,464.00   |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.   | X                |                                      |   |   |
| 14. | Interests in partnerships or joint ventures. Itemize.   | X                |                                      |   |   |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments.  | X                |                                      |   |   |
| 16. | Accounts receivable.  | X                |                                      |   |   |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  | X                |                                      |   |   |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.  | X                |                                      |   |   |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  | X                |                                      |   |   |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | X                |                                      |   |   |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | X                |                                      |   |   |
|     |   |                  |                                      | Sub-Tota                                    | al > <b>46,157.00</b>   |
|     |   |                  | (To                                  | tal of this page)                           | •   |

Sheet \_\_1\_\_ of \_\_2\_\_ continuation sheets attached to the Schedule of Personal Property

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B6B (Official Form 6B) (12/07) - Cont.

| In re | Jordan Myles Kagan | Case No. |
|-------|--------------------|----------|
|       |                    | <b>.</b> |

Debtor

### **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|---|------------------|--------------------------------------|---|---|
| 22. | Patents, copyrights, and other intellectual property. Give particulars.   | X                |                                      |   |   |
| 23. | Licenses, franchises, and other general intangibles. Give particulars.  | X                |                                      |   |   |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | x                |                                      |   |   |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories.  | X                |                                      |   |   |
| 26. | Boats, motors, and accessories.   | X                |                                      |   |   |
| 27. | Aircraft and accessories.   | X                |                                      |   |   |
| 28. | Office equipment, furnishings, and supplies.  | X                |                                      |   |   |
| 29. | Machinery, fixtures, equipment, and supplies used in business.  | X                |                                      |   |   |
| 30. | Inventory.  | X                |                                      |   |   |
| 31. | Animals.  | X                |                                      |   |   |
| 32. | Crops - growing or harvested. Give particulars.   | X                |                                      |   |   |
| 33. | Farming equipment and implements.   | X                |                                      |   |   |
| 34. | Farm supplies, chemicals, and feed.   | X                |                                      |   |   |
| 35. | Other personal property of any kind not already listed. Itemize.  | X                |                                      |   |   |

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

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B6C (Official Form 6C) (4/13)

| In re | Jordan Myles Kagan |        | Case No |  |
|-------|--------------------|--------|---------|--|
| •     |                    | Debtor |         |  |

### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor claims the exemptions to which debtor is entitled under: | ☐ Check if debtor claims a homestead exemption that exceeds                         |
|---|---|
| (Check one box)   | \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafte |
| □ 11 U.S.C. §522(b)(2)  | with respect to cases commenced on or after the date of adjustment.)                |
| ■ 11 U.S.C. 8522(b)(3)  |   |

| Description of Property  | Specify Law Providing<br>Each Exemption              | Value of<br>Claimed<br>Exemption | Current Value of<br>Property Without<br>Deducting Exemption |
|--|--|----------------------------------|---|
| Real Property One Half in Single family residence Location: 2910 Sandalwood Road, Buffalo Grove IL 60089 | 735 ILCS 5/12-901<br>11 U.S.C. § 522(b)(3)(B)        | 15,000.00<br>147,482.50          | 600,000.00  |
| Checking, Savings, or Other Financial Accounts, C<br>Savings account, PNC Bank                           | rertificates of Deposit<br>735 ILCS 5/12-1001(b)     | 1,000.00                         | 1,000.00  |
| <u>Household Goods and Furnishings</u><br>Miscellaneous household goods and furniture                    | 735 ILCS 5/12-1001(b)                                | 300.00                           | 300.00  |
| Books, Pictures and Other Art Objects; Collectibles Miscellaneous books                                  | S<br>735 ILCS 5/12-1001(b)                           | 100.00                           | 100.00  |
| Interests in IRA, ERISA, Keogh, or Other Pension of IRA With Regal Securities                            | or <u>Profit Sharing Plans</u><br>735 ILCS 5/12-1006 | 27,693.00                        | 27,693.00   |
| Roth IRA with Regal Securities   | 735 ILCS 5/12-1006                                   | 18,464.00                        | 18,464.00   |

Total: 210,039.50 647,557.00

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B6D (Official Form 6D) (12/07)

| In re | Jordan Myles Kagan | Case No | _ |
|-------|--------------------|---------|---|
| _     |                    | Debtor  |   |

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

|  |                 |                   |  | _      |           | _        |  |                                 |
|--|-----------------|-------------------|--|--------|-----------|----------|--|---------------------------------|
| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | Hu<br>H<br>V<br>C | sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED,  NATURE OF LIEN, AND  DESCRIPTION AND VALUE  OF PROPERTY  SUBJECT TO LIEN | E<br>N | UNLIQUIDA | DISPUTED | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
| Account No. xx2457   |                 |                   | Mortgage   | Т      | DATED     |          |  |                                 |
| Midwest Community Bank<br>P. O. Box 689<br>Freeport, IL 61032  |                 | J                 | One Half in Single family residence<br>Location: 2910 Sandalwood Road,<br>Buffalo Grove IL 60089                                     |        | ט         |          |  |                                 |
|  |                 |                   | Value \$ 600,000.00  |        |           |          | 275,035.00   | 0.00                            |
| Account No.  |                 |                   | Value \$ Value \$  |        |           |          |  |                                 |
| Account No.  |                 |                   |  |        |           |          |  |                                 |
|  |                 |                   | Value \$   |        |           |          |  |                                 |
| _0 continuation sheets attached  |                 |                   | S<br>(Total of th  | ubto   |           | - 1      | 275,035.00   | 0.00                            |
| Total (Report on Summary of Schedules) 275,035.00 0.00   |                 |                   |  |        |           | 0.00     |  |                                 |

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B6E (Official Form 6E) (4/13)

| In re | Jordan Myles Kagan | Case No. |  |
|-------|--------------------|----------|--|
| -     |                    | Debtor   |  |

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) ☐ Domestic support obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). ☐ Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). ■ Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). ☐ Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). ☐ Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). ☐ Deposits by individuals Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7). ☐ Taxes and certain other debts owed to governmental units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8). ☐ Commitments to maintain the capital of an insured depository institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9). ☐ Claims for death or personal injury while debtor was intoxicated

continuation sheets attached

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or

another substance. 11 U.S.C. § 507(a)(10).

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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B6F (Official Form 6F) (12/07)

| In re | Jordan Myles Kagan | Case No | _ |
|-------|--------------------|---------|---|
|       |                    | Debtor  |   |

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| — Check and con it decice has no creation nothing ansecut                                 |         |             |                                  |               |                  | _      | _           |                 |
|---|---------|-------------|----------------------------------|---------------|------------------|--------|-------------|-----------------|
| CREDITOR'S NAME,  | C       | Hu          | sband, Wife, Joint, or Community | C             | U                | D      | 7           |                 |
| MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | ODEBTOR | J<br>H<br>H |                                  | N<br>G        | QD_              | SPUTED | 5<br>J<br>[ | AMOUNT OF CLAIM |
| Account No. x-x1002   |         |             | Credit card debt                 | Ţ             | A<br>T<br>E<br>D |        | ſ           |                 |
| American Express<br>Attn: Customer Service<br>P. O. Box 981535<br>El Paso, TX 79998-1535  |         | _           |                                  |               | D                |        |             | 733.00          |
| Account No.   |         |             | Payable to customer              | $\vdash$      |                  |        | †           |                 |
| Ann Stern<br>1225 RFD<br>Lake Grove, IL 60047   |         | _           |                                  |               |                  |        |             | 537.00          |
| Account No.   |         |             | Payable to customer              |               |                  | L      | +           | 337.00          |
| Anthony Goldsmith<br>4131 Lake Cook Road<br>Northbrook, IL 60062                          |         | -           |                                  |               |                  |        |             |                 |
|   |         |             |                                  |               |                  | L      |             | 450.00          |
| Associated Allergists 1300 Reliable Pkwy Chicago, IL 60686                                |         | _           | Medical                          |               |                  |        |             | 40.00           |
|   |         |             |                                  |               | Ļ                | Ļ      | +           | 40.00           |
| <b>9</b> continuation sheets attached   |         |             | (Total of t                      | Subt<br>his j |                  |        | ,           | 1,760.00        |

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| In re | Jordan Myles Kagan |        | Case No. |  |
|-------|--------------------|--------|----------|--|
| _     |                    | Debtor | -/       |  |

| CREDITOR'S NAME,  | ç        | Hu       | sband, Wife, Joint, or Community  | Ç          | U            | D        |                 |
|---|----------|----------|---|------------|--------------|----------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)      | CODEBTOR | U C      | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
| Account No. xxxx-8990   |          |          | Credit card debt  | '          | Ę            |          |                 |
| Bank of America<br>P.O. Box 851001<br>Dallas, TX 75285-1001                           |          | -        |   |            |              |          | 10,000.00       |
| Account No.   |          |          | Payable to customer   |            | Т            |          |                 |
| Barbara Yara<br>1817 Ridge Drive<br>Arlington Heights, IL 60005                       |          | -        |   |            |              |          | 1,250.00        |
| Account No. xxxx-0329   | Н        | $\vdash$ | Credit card debt  | $^{+}$     | +            |          |                 |
| Barclay Card<br>Attn: Card Services<br>P. O. Box 13337<br>Philadelphia, PA 19101-3337 |          | -        |   |            |              |          | 100.00          |
| Account No.   |          |          | Payable to customer   | T          | T            |          |                 |
| Belle Kornick<br>1251 Hilary Lane<br>Highland Park, IL 60035                          |          | -        |   |            |              |          | 2,500.00        |
| Account No.   |          |          | Medical   | $\dagger$  | +            | $\vdash$ |                 |
| Biomet<br>Lockbox 8506<br>P.O. Box 8500<br>Philadelphia, PA 19178-8506                |          | -        |   |            |              |          | 7.00            |
| Sheet no. <b>1</b> of <b>9</b> sheets attached to Schedule of                         |          | •        |   | Sub        | tota         | .1       | 40.057.00       |
| Creditors Holding Unsecured Nonpriority Claims  |          |          | (Total of t   | his        | pag          | re)      | 13,857.00       |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Jordan Myles Kagan |        | Case No. |  |
|-------|--------------------|--------|----------|--|
| _     |                    | Debtor | -/       |  |

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME,   | C        | Hu          | sband, Wife, Joint, or Community  | Ğ          | U           | P        |          |                 |
|--|----------|-------------|---|------------|-------------|----------|----------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | J<br>H<br>H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | Z L Q D L L | DISPUTED | ! A      | AMOUNT OF CLAIM |
| ,  | K        |             |   | ļ          | I D A T E D | 0        | $\vdash$ |                 |
| Account No.  | 1        |             | Payable to customer   | '          | Ę           |          |          |                 |
| Bonnie Donahue<br>1314 South Blvd<br>Evanston, IL 60202                          |          | -           |   |            | В           |          |          | 1,085.00        |
| Account No.  |          |             | Payable to customer   | T          | T           | T        | $\top$   |                 |
| Carey Gifford<br>1054 Cherokee<br>Wilmette, IL 60091                             |          | -           |   |            |             |          |          | 2,650.00        |
| Account No.  | ╀        | $\vdash$    |   | +          | ╀           | +        | +        |                 |
| Carole Kagan<br>1050 Sunset Court<br>Deerfield, IL 60015                         |          | -           |   |            |             |          |          | 1,000.00        |
| Account No. x-8794, x-8043   |          |             | Credit card debt  | T          |             | Г        | T        |                 |
| CHASE Cardmember Services P. O. Box 15298 Wilmington, DE 19850-5298              |          | -           |   |            |             |          |          | 16,370.00       |
| Account No.  | t        | T           | Advertising   | T          | T           | t        | $\top$   |                 |
| Chicago Tribune<br>435 N Michigan<br>Chicago, IL 60645                           |          | _           |   |            |             |          |          | 5,610.00        |
| Sheet no. 2 of 9 sheets attached to Schedule of                                  |          |             |   | Sub        | tota        | ıl       | T        | 00.745.00       |
| Creditors Holding Unsecured Nonpriority Claims                                   |          |             | (Total of t   | his        | pas         | ge)      | . [      | 26,715.00       |

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B6F (Official Form 6F) (12/07) - Cont.

| In re | Jordan Myles Kagan | Case No |  |
|-------|--------------------|---------|--|
| _     |                    | Debtor  |  |

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME,   | C        | Hu          | sband, Wife, Joint, or Community  | Ις         | Ų                   | D        | ī |                 |
|--|----------|-------------|---|------------|---------------------|----------|---|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)               | CODEBTOR | C<br>1<br>M | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | NL I QU I D A T E D | DISPUTED | ! | AMOUNT OF CLAIM |
| Account No. xxxx-7959  |          |             | Credit card debt  | '          | Ę                   |          |   |                 |
| Citi Cards<br>P. O. Box 9151<br>Des Moines, IA 50368   |          | -           |   |            | D                   |          |   | 852.00          |
| Account No. xxxxxxxxxxxxxxx0190  |          |             | Parking violations  |            |                     |          |   |                 |
| City of Chicago<br>Dept of Revenue<br>P. O. Box 88292<br>Chicago, IL 60680-1292                |          | -           |   |            |                     |          |   | 150.00          |
|  | ┡        | _           |   | $\bot$     | oppi                | ╀        | 4 | 130.00          |
| Account No. xxxx-9801  Discover Financial Services P. O. Box 6103  Carol Stream, IL 60197-6103 | -        | -           | Credit card debt  |            |                     |          |   | 9,724.00        |
| Account No.  |          |             | Payable to customer   | T          |                     |          |   |                 |
| Doris Waller<br>2730 W Birchwook<br>Chicago, IL 60645  |          | -           |   |            |                     |          |   | 545.00          |
| Account No. xx1414   | ┡        | $\vdash$    | Medical   | +          | $\vdash$            | +        | + | 0.100           |
| Grand Rapids Opthamology<br>2301 Momentum Place<br>Chicago, IL 60689-0001                      |          | _           | INIGUICAI   |            |                     |          |   | 24.00           |
| Sheet no. 3 of 9 sheets attached to Schedule of  |          |             | ,   | Sub        | tota                | al       | T | 44 20E 00       |
| Creditors Holding Unsecured Nonpriority Claims   |          |             | (Total of t   | his        | pas                 | ge)      |   | 11,295.00       |

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| In re | Jordan Myles Kagan | Case No |  |
|-------|--------------------|---------|--|
| -     |                    | Debtor  |  |

| CREDITOR'S NAME,   | CO       | Hu          | sband, Wife, Joint, or Community                                  |            | U            | D        |                 |
|--|----------|-------------|---|------------|--------------|----------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C<br>A<br>H | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
| Account No.  |          |             | Payable to customer   | '          | Ę            |          |                 |
| Henry Pevitz<br>1958 NcCraren Rd<br>Highland Park, IL 60035                      |          | -           |   |            |              |          | 1,500.00        |
| Account No. xxx8951  |          |             | Medical   | T          |              | П        |                 |
| Illinois Bone & Joint Institute<br>5057 Paysphere Circle<br>Chicago, IL 60674    |          | -           |   |            |              |          |                 |
|  |          |             |   |            |              |          | 40.00           |
| Account No.  |          |             | Payable to customer   | Τ          |              | Г        |                 |
| Janice Johnson<br>945 Ridgewood Drive<br>Highland Park, IL 60035                 |          | -           |   |            |              |          | 4 000 00        |
|  | L        |             |   | ╄          | ot           | L        | 1,000.00        |
| Account No.  Jeannie Brunk 645 Carlisle Avenue Deerfield, IL 60015               |          | -           | Parking violations  |            |              |          | 100.00          |
| Account No.  |          |             | Payable to customer   | T          | T            | T        |                 |
| Jennifer Flannery<br>1140 Wickfield Court<br>Naperville, IL 60563                |          | _           |   |            |              |          | 1,183.00        |
| Sheet no. 4 of 9 sheets attached to Schedule of                                  |          |             |   | Sub        | tota         | ıl       | 2 000 00        |
| Creditors Holding Unsecured Nonpriority Claims                                   |          |             | (Total of t   | his        | pag          | ze)      | 3,823.00        |

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| In re | Jordan Myles Kagan | Case No. |  |
|-------|--------------------|----------|--|
| _     |                    | Debtor   |  |

| CREDITOR'S NAME,   | C        | Hu     | sband, Wife, Joint, or Community  |            | U           | D        | l        |              |
|--|----------|--------|---|------------|-------------|----------|----------|--------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | J<br>H | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | LUQU-       | DISPUTED | АМО      | UNT OF CLAIM |
| , ,  | K        |        |   | Ĭ į        | I D A T E D | ٦        | <u> </u> |              |
| Account No.  |          |        | Payable to customer   | '          | Ę           |          | ĺ        |              |
| Jim and Suzanne Kenney<br>4752 RFD<br>Long Grove, IL 60047                       |          | -      |   |            | В           |          |          | 1,950.00     |
| Account No.  | T        |        | Payable to customer   | T          | T           | T        |          |              |
| Joanne Pass<br>5408 N Virginia Avenue<br>Chicago, IL 60625                       |          | -      |   |            |             |          |          | 2,203.00     |
| Account No.  | ╁        | ┢      | Payable to customer   | +          | $\vdash$    | ╁        |          |              |
| John and Susan Reschke<br>3824 Madison<br>Skokie, IL 60076                       |          | -      |   |            |             |          |          | 1,500.00     |
| Account No.  |          |        | Payable to customer   | T          | Т           | Т        |          |              |
| Kathy Lapin<br>1440 Wilmot Road<br>Deerfield, IL 60015                           |          | -      |   |            |             |          |          | 1,000.00     |
| Account No. xxxx-8744  | t        | T      | Credit card debt  | T          | $\top$      | T        |          |              |
| Kohl's<br>P.O. Box 3043<br>Milwaukee, WI 53201-3043                              |          | _      |   |            |             |          |          | 182.00       |
| Sheet no5 _ of _9 _ sheets attached to Schedule of                               |          |        | -   | Sub        | tota        | ıl       |          | 6 925 00     |
| Creditors Holding Unsecured Nonpriority Claims                                   |          |        | (Total of t   | his        | pas         | 2e)      | 1        | 6,835.00     |

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| In re | Jordan Myles Kagan | Case No |  |
|-------|--------------------|---------|--|
| -     |                    | Debtor  |  |

| CREDITOR'S NAME,   | Ç        | Hu          | sband, Wife, Joint, or Community  | Ç          | U                     | D        |                 |
|--|----------|-------------|---|------------|-----------------------|----------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR | C<br>1<br>M | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | Z L I Q U I D A T E D | DISPUTED | AMOUNT OF CLAIM |
| Account No. xxxxxxxxxxxx7360   |          |             | Medical   | T          | E                     |          |                 |
| Lake Shore Gastroentology<br>P. O. Box 7630<br>Gurnee, IL 60031-7002             |          | -           |   |            | D                     |          | 150.00          |
| Account No.  |          |             | Advertisement   |            |                       |          |                 |
| Lisa Henner<br>2135 Colchester Court<br>Hoffman Estates, IL 60192                |          | -           |   |            |                       |          | 250.00          |
| Account No.  | ┢        | $\vdash$    | Payable to customer   | +          | $\vdash$              | ⊢        |                 |
| Marjorie Fradin<br>130 E Oak # 3B<br>Chicago, IL 60611                           | -        | -           | Tayable to subtomer   |            |                       |          | 1,383.00        |
| Account No. xxxxxxx3011  |          |             | Medical   |            |                       |          |                 |
| Mercy Hospital Grayling<br>P.O. Box 160<br>Cadillac, MI 49601-0160               |          | -           |   |            |                       |          | 708.00          |
| Account No.  | t        | $\vdash$    | Payable to customer   | +          | $\vdash$              | $\vdash$ |                 |
| Nancy Green<br>32 Know Circle<br>Evanston, IL 60201                              |          | _           |   |            |                       |          | 255.00          |
| Sheet no. 6 of 9 sheets attached to Schedule of                                  |          |             |   | Subt       | tota                  | ı1       | 2.746.00        |
| Creditors Holding Unsecured Nonpriority Claims                                   |          |             | (Total of t   | his        | pas                   | ze)      | 2,746.00        |

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| In re | Jordan Myles Kagan | Case No |  |
|-------|--------------------|---------|--|
| _     |                    | Debtor  |  |

| CREDITOR'S NAME,   | ç        | Hu       | sband, Wife, Joint, or Community                                  | Ç         | U        | D      |                 |
|--|----------|----------|---|-----------|----------|--------|-----------------|
| MAILING ADDRESS<br>INCLUDING ZIP CODE.                         | CODEBTOR | H<br>W   | DATE CLAIM WAS INCURRED AND                                       | C O N T I | UNLLQU   | DISPUT |                 |
| AND ACCOUNT NUMBER   | I B      | J        | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | N<br>N    | Q<br>U   | T      | AMOUNT OF CLAIM |
| (See instructions above.)                                      | Ř        | С        | is sebtlet to setort, so state.                                   | N G E N T | DA       | E<br>D |                 |
| Account No.  |          |          | Payable to customer   | Т         | IDATED   |        |                 |
| Nicholas and Judith Talarico                                   |          |          |   |           |          |        |                 |
| 1115 E Aldo Lane   |          | _        |   |           |          |        |                 |
| Mount Prospect, IL 60056                                       |          |          |   |           |          |        |                 |
|  |          |          |   |           |          |        |                 |
|  |          |          |   |           |          |        | 1,000.00        |
| Account No. xx5895   |          |          | Utilities   |           |          |        |                 |
| NICOR  |          |          |   |           |          |        |                 |
| P.O. Box 2020  |          | -        |   |           |          |        |                 |
| Aurora, IL 60507-2020  |          |          |   |           |          |        |                 |
|  |          |          |   |           |          |        |                 |
|  |          |          |   |           |          |        | 209.00          |
| Account No. xxxxx3133  |          |          | Medical   |           |          |        |                 |
| Nouth Chara Hairensite Hoolth Creators                         |          |          |   |           |          |        |                 |
| NorthShore University HealthSystem Attn: Hospital Billing Dept |          | L        |   |           |          |        |                 |
| 23056 Network Place  |          |          |   |           |          |        |                 |
| Chicago, IL 60673-1230   |          |          |   |           |          |        |                 |
|  |          |          |   |           |          |        | 510.00          |
| Account No. xxxx3891, xxxious                                  |          | T        | Medical   | T         |          |        |                 |
|  |          |          |   |           |          |        |                 |
| Northwest Community Healthcare                                 |          |          |   |           |          |        |                 |
| 25709 Network Place<br>Chicago, IL 60673-1257                  |          | -        |   |           |          |        |                 |
| Cilicago, IL 60073-1237  |          |          |   |           |          |        |                 |
|  |          |          |   |           |          |        | 1,400.00        |
| Account No. <b>x5677</b>                                       | H        |          | Medical   |           |          |        |                 |
|  | 1        |          |   |           |          |        |                 |
| Northwestern Faculty Foundation                                |          |          |   |           |          |        |                 |
| 25228 Network Place  |          | -        |   |           |          |        |                 |
| Chicago, IL 60673  |          |          |   |           |          |        |                 |
|  |          |          |   |           |          |        | 23.00           |
| Sheet no. <b>7</b> of <b>9</b> sheets attached to Schedule of  |          | <u> </u> | <u> </u>  | Sub       | L<br>ota | <br>]  |                 |
| Creditors Holding Unsecured Nonpriority Claims                 |          |          | (Total of t   |           |          |        | 3,142.00        |

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| In re | Jordan Myles Kagan | Case No |  |
|-------|--------------------|---------|--|
| _     |                    | Debtor  |  |

| CREDITOR'S NAME,   | C               | Hu          | sband, Wife, Joint, or Community  | ļ          | U                     | P               |   |                 |
|--|-----------------|-------------|---|------------|-----------------------|-----------------|---|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | C O D E B T O R | C<br>A<br>M | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | Z L I Q U I D A T E D | D I S P U T E D | A | AMOUNT OF CLAIM |
| Account No.  | 1               |             | Payable to customer   | <b> </b>   | Ť                     |                 |   |                 |
| Pat Llantino<br>3 Fox Trail<br>Lincolnshire, IL 60069                            |                 | -           |   |            | D                     |                 |   | 1,200.00        |
| Account No. xxxxxxx8884  |                 |             | Credit card debt  |            |                       |                 |   |                 |
| PayPal<br>2420 Sweet Home Road<br>Suite 150<br>Amherst, NY 14228-2244            |                 | -           |   |            |                       |                 |   | 103.00          |
| Account No.  | ╁               | T           | Payable to customer   | +          | H                     | ┢               | + |                 |
| Rewucki Ryszard<br>2755 Summit Avenue<br>Highland Park, IL 60035                 |                 | -           |   |            |                       |                 |   | 323.00          |
| Account No.  |                 |             | Payable to customer   |            |                       | Г               | Т |                 |
| Sandra Phillips<br>1094 Westberry Court<br>Lake Zurich, IL 60047                 |                 | _           |   |            |                       |                 |   | 2,697.00        |
| Account No.  | t               |             | Payable to customer   |            | T                     | $\vdash$        | T |                 |
| Shirley Nemer<br>301 Stillwater<br>Wauconda, IL 60084                            |                 | _           |   |            |                       |                 |   | 180.00          |
| Sheet no. <b>8</b> of <b>9</b> sheets attached to Schedule of                    |                 |             |   | Sub        | tota                  | ıl              |   | 4 502 00        |
| Creditors Holding Unsecured Nonpriority Claims                                   |                 |             | (Total of t   | his        | pag                   | ze)             | 1 | 4,503.00        |

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| In re | Jordan Myles Kagan | Case No |  |
|-------|--------------------|---------|--|
| -     |                    | Debtor  |  |

| CREDITOR'S NAME,   | C       | Hu          | sband, Wife, Joint, or Community  |             | U                | P               |                 |
|--|---------|-------------|---|-------------|------------------|-----------------|-----------------|
| MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)   | ODEBTOR | C<br>A<br>M | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. | ONT I NGENT | ZLLQULDA         | D I S P U T E D | AMOUNT OF CLAIM |
| Account No.  |         |             | Medical   | ٦٠          | A<br>T<br>E<br>D |                 |                 |
| Spectrum Health Medical Group<br>c/o Allied Collection<br>P.O. Box 2207<br>Grand Rapids, MI 49501-2207                   |         | -           |   |             | D                |                 | 296.00          |
| Account No. various  | 1       |             | Medical   | $\dagger$   |                  |                 |                 |
| Take Care Health Systems<br>1901 E Voorhess<br>MS 3099<br>Danville, IL 61832   |         | -           |   |             |                  |                 | 45.00           |
|  | ┸       |             |   | 丄           |                  |                 | 45.00           |
| Account No. xxxx8248   | 1       |             | Credit card debt  |             |                  |                 |                 |
| Target National Bank<br>c/o Target Credit Services<br>P. O. Box 1581<br>Minneapolis, MN 55440-1581                       |         | -           |   |             |                  |                 |                 |
|  |         |             |   |             |                  |                 | 200.00          |
| Account No. 496  | t       | T           | Medical   | $\top$      |                  | T               |                 |
| Targeted Learning Solutions<br>Dr. Laurie Phillips<br>1650 N Arlington Heights Road, #101<br>Arlington Heights, IL 60004 |         | -           |   |             |                  |                 | 1,345.00        |
| Account No. x8965  | ╁       | +           | Medical   | +           | $\vdash$         | +               | •               |
| The Family Institute of Northwestern<br>618 Library Place<br>Evanston, IL 60201  |         | -           |   |             |                  |                 | 810.00          |
| Sheet no. 9 of 9 sheets attached to Schedule of  |         |             |   | Sub         | tota             | ıl              | 0.000.00        |
| Creditors Holding Unsecured Nonpriority Claims   |         |             | (Total of   | this        | pag              | ge)             | 2,696.00        |
|  |         |             |   | Т           | Cota             | al              |                 |
|  |         |             | (Report on Summary of S   | chea        | lule             | es)             | 77,372.00       |

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B6G (Official Form 6G) (12/07)

| In re | Jordan Myles Kagan | Case No |  |
|-------|--------------------|---------|--|
| -     |                    | ,       |  |
|       |                    | Debtor  |  |

### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract. Case 15-12738 Doc 1 Filed 04/09/15 Entered 04/09/15 15:09:39 Desc Main Document Page 26 of 58

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| In re | Jordan Myles Kagan | Case No. |  |
|-------|--------------------|----------|--|
| _     |                    | Debtor   |  |

### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

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| Fill        | in this information to identify your ca  | ase:                      |                     |             |          |       |   |                                 |                                   |         |
|-------------|--|---------------------------|---------------------|-------------|----------|-------|---|---------------------------------|-----------------------------------|---------|
| Del         | btor 1 <u>Jordan Myles</u>   | s Kagan                   |                     |             |          |       |   |                                 |                                   |         |
|             | btor 2<br>puse, if filing)   |                           |                     |             |          |       |   |                                 |                                   |         |
| Uni         | ited States Bankruptcy Court for the   | : NORTHERN DISTRIC        | CT OF ILLIN         | OIS         |          |       |   |                                 |                                   |         |
| (If kr      | se number  |                           | -                   |             |          |       | Check if this is  An amende  A supplem  13 income | ed filing<br>ent showin         | g post-petitior<br>ollowing date: |         |
|             | fficial Form B 6I  |                           |                     |             |          |       | MM / DD/ Y  | YYYY                            |                                   |         |
|             | chedule I: Your Inc  |                           | ula ana filim       |             | /D = l=4 | 4     |   | 4l                              |                                   | 12/1:   |
| spo<br>atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form.  The describe Employment information. | r spouse is not filing w  | ith you, do         | not include | infor    | matio | on about your spi<br>case number (if              | ouse. If mo<br>known). <i>A</i> | ore space is                      | needed, |
|             | information.   |                           | ■ Emplo             |             |          |       | □ Empl  |                                 | iiiig spouse                      |         |
|             | If you have more than one job, attach a separate page with information about additional  | Employment status         | ■ Emplo  Not en     | •           |          |       |   | mployed                         |                                   |         |
|             | employers.   | Occupation                | Sales               |             |          |       |   |                                 |                                   |         |
|             | Include part-time, seasonal, or self-employed work.  | Employer's name           | Floor & [           | Decor       |          |       |   |                                 |                                   |         |
|             | Occupation may include student or homemaker, if it applies.  | Employer's address        | 3300 W<br>Skokie, I |             |          |       |   |                                 |                                   |         |
|             |  | How long employed t       | here?               | 7 mos       |          |       | <u>_</u>  |                                 |                                   |         |
| Par         | rt 2: Give Details About Mor   | nthly Income              |                     |             |          |       |   |                                 |                                   |         |
| spoi        | imate monthly income as of the duse unless you are separated.  but or your non-filing spouse have more space, attach a separate sheet to     | ore than one employer, co | •                   |             |          |       |   | ·                               | ·                                 | J       |
|             |  |                           |                     |             |          |       | For Debtor 1                                      |                                 | btor 2 or<br>ing spouse           |         |
| 2.          | List monthly gross wages, sala deductions). If not paid monthly,   |                           |                     |             | 2.       | \$    | 2,327.00  | \$                              | N/A                               |         |
| 3.          | Estimate and list monthly overt  | ime pay.                  |                     |             | 3.       | +\$   | 0.00  | +\$                             | N/A                               |         |
| 4.          | Calculate gross Income. Add lir  | ne 2 + line 3.            |                     |             | 4.       | \$    | 2,327.00  | \$                              | N/A                               |         |

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| Deb | otor 1  | Jordan Myles Kagan   | -   | Case                 | number (if known)                                     |  |   |
|-----|---|--|---|----------------------|---|--|---|
|     |   |  |   | For                  | Debtor 1  |  | Debtor 2 or filing spouse                     |
|     | Cop   | by line 4 here   | 4.  | \$                   | 2,327.00  | \$   | N/A   |
| 5.  | List  | all payroll deductions:  |   |                      |   |  |   |
|     | 5a.<br>5b.<br>5c.<br>5d.<br>5e.<br>5f.<br>5g. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues   | 5a.<br>5b.<br>5c.<br>5d.<br>5e.<br>5f.<br>5g. | \$ \$ \$ \$ \$ \$ \$ | 89.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00 | \$<br>\$ \$ \$<br>\$ \$<br>\$ \$                         | N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A        |
|     | 5h.   | Other deductions. Specify:   | 5h.+  | \$                   |   | + \$   | N/A   |
| 6.  | Add   | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6.  | \$                   | 89.00   | \$   | N/A   |
| 7.  | Cald  | culate total monthly take-home pay. Subtract line 6 from line 4.   | 7.  | \$                   | 2,238.00  | \$   | N/A   |
| 8.  |   | All other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income  Other monthly income. Specify: | 8c.<br>8d.<br>8e.                             | \$\$ \$\$\$ \$\$\$   | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00  | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A |
| 9.  | Add   | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9.  | \$                   | 0.00  | \$   | N/A   |
| 10. |   | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10. \$_                                       |                      | 2,238.00 + \$_  |  | N/A = \$2,238.00                              |
| 11. | Incluothe<br>Do r                             | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your per friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:   | depend  |                      |   |  | chedule J.<br>11. +\$ 0.00                    |
| 12. |   | I the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certain lies  |   |                      |   |  | 12. \$ 2,238.00  Combined                     |
| 13. | Do y<br>■                                     | you expect an increase or decrease within the year after you file this form?  No.  Yes. Explain:   | ?   |                      |   |  | monthly income                                |

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| Fill i | n this informa                | ation to identify ye                | our case:     |  |  |            |                                  |                               |  |  |
|--------|-------------------------------|-------------------------------------|---------------|--|--|------------|----------------------------------|-------------------------------|--|--|
| Debt   | or 1                          | Jordan Myles                        | s Kagan       |  |  | Ch         | eck if this is:                  |                               |  |  |
|        |                               | - Cordain Myloc                     | rtagan        |  |  |            | An amended filing                |                               |  |  |
| Debt   | or 2                          |                                     |               |  |  |            |                                  | ving post-petition chapter    |  |  |
| (Spo   | use, if filing)               |                                     |               |  |  |            | 13 expenses as of                | the following date:           |  |  |
| Unite  | ed States Bank                | ruptcy Court for the                | : NORTH       | ERN DISTRICT OF ILLIN                        | OIS                                      |            | MM / DD / YYYY                   |                               |  |  |
| Case   | e number                      |                                     |               |  |  |            | A separate filing fo             | r Debtor 2 because Debtor     |  |  |
| (If kn | nown)                         |                                     |               |  |  | _          | 2 maintains a separate household |                               |  |  |
| Of     | ficial Fo                     | rm B 6J                             |               |  |  |            |                                  |                               |  |  |
|        |                               | J: Your                             | _<br>Eynar    | 1606   |  |            |                                  | 12/1:                         |  |  |
|        |                               |                                     |               | . If two married people ar                   | e filing together be                     | oth are en | ually responsible fo             |                               |  |  |
| info   | rmation. If m                 |                                     | eded, atta    | ch another sheet to this                     |  |            |                                  |                               |  |  |
| Part   | 1: Desc                       | ribe Your House                     | ehold         |  |  |            |                                  |                               |  |  |
| 1 art  | Is this a join                |                                     | iioiu         |  |  |            |                                  |                               |  |  |
|        | ■ No. Go to                   | n line 2                            |               |  |  |            |                                  |                               |  |  |
|        |                               |                                     | in a separ    | ate household?                               |  |            |                                  |                               |  |  |
|        |                               |                                     |               |  |  |            |                                  |                               |  |  |
|        |                               |                                     | st file a ser | parate Schedule J.                           |  |            |                                  |                               |  |  |
| _      |                               |                                     |               |  |  |            |                                  |                               |  |  |
| 2.     | Do you hav                    | e dependents?                       | ☐ No          |  |  |            |                                  |                               |  |  |
|        | Do not list D<br>Debtor 2.    | ebtor 1 and                         | Yes.          | Fill out this information for each dependent | Dependent's relati<br>Debtor 1 or Debtor |            | Dependent's age                  | Does dependent live with you? |  |  |
|        | Do not state                  | the                                 |               |  |  |            |                                  | ■ No                          |  |  |
|        | dependents'                   | names.                              |               |  | Son                                      |            | 8                                | ☐ Yes                         |  |  |
|        |                               |                                     |               |  |  |            |                                  | ■ No                          |  |  |
|        |                               |                                     |               |  | Daughter                                 |            | 11                               | ☐ Yes                         |  |  |
|        |                               |                                     |               |  | D 11                                     |            | 4.4                              | ■ No                          |  |  |
|        |                               |                                     |               |  | Daughter                                 |            | 14                               | ☐ Yes                         |  |  |
|        |                               |                                     |               |  | Doughtor                                 |            | 16                               | ■ No                          |  |  |
| 2      | De veur ev                    | namana imaluda                      |               |  | Daughter                                 |            | 16                               | ☐ Yes                         |  |  |
| 3.     |                               | penses include<br>of people other t | han _         | No   |  |            |                                  |                               |  |  |
|        | •                             | d your depende                      |               | Yes  |  |            |                                  |                               |  |  |
| Dart   | 2: Estim                      | nate Your Ongoi                     | ing Month     | v Evnenses                                   |  |            |                                  |                               |  |  |
|        |                               |                                     |               | uptcy filing date unless y                   | ou are using this fo                     | orm as a s | supplement in a Cha              | pter 13 case to report        |  |  |
| exp    | enses as of                   | a date after the                    |               | y is filed. If this is a supp                |  |            |                                  |                               |  |  |
| арр    | licable date.                 |                                     |               |  |  |            |                                  |                               |  |  |
| Incl   | ude expense                   | es paid for with                    | non-cash      | government assistance i                      | f you know                               |            |                                  |                               |  |  |
|        | value of suc<br>icial Form 6I |                                     | d have inc    | cluded it on Schedule I: Y                   | our Income                               |            | Your exp                         | enses                         |  |  |
| (Oii   | iciai Foriii oi               | .,                                  |               |  |  |            |                                  |                               |  |  |
| 4.     |                               |                                     |               | ses for your residence. I                    | nclude first mortgage                    | e<br>4.    | <b>c</b>                         | 360.00                        |  |  |
|        | payments ar                   | nd any rent for th                  | e ground o    | r lot.                                       |  | 4.         | <b>»</b>                         | 300.00                        |  |  |
|        | If not include                | ded in line 4:                      |               |  |  |            |                                  |                               |  |  |
|        | 4a. Real                      | estate taxes                        |               |  |  | 4a.        |                                  | 0.00                          |  |  |
|        | •                             | erty, homeowner'                    |               |  |  | 4b.        |                                  | 0.00                          |  |  |
|        |                               |                                     | •             | ipkeep expenses                              |  | 4c.        | · ·                              | 0.00                          |  |  |
| _      |                               | eowner's associa                    |               |  | ma aquitu la aaa                         | 4d.        | ·                                | 0.00                          |  |  |
| 5.     | Additional                    | ποπgage paym                        | ents for yo   | our residence, such as ho                    | me equity loans                          | 5.         | D                                | 0.00                          |  |  |

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| ebtor 1 Jord                    | dan Myles Kagan  | Case num                  | ber (if known) |                          |
|---------------------------------|--|---------------------------|----------------|--------------------------|
| 4   4  00-                      |  |                           |                |                          |
| . <b>Utilities:</b><br>6a. Elec | tricity, heat, natural gas   | 6a.                       | •              | 0.00                     |
|                                 | er, sewer, garbage collection  | 6b.                       | \$<br>         | 0.00                     |
|                                 | er, sewer, garbage collection  phone, cell phone, Internet, satellite, and cable services  | 6c.                       | ·              | 135.00                   |
|                                 | er. Specify:   | 6d.                       | \$             |                          |
|                                 | · · · · · · · · · · · · · · · · · · ·  | 6u.<br>7.                 | ·              | 0.00                     |
|                                 | housekeeping supplies  |                           | \$             | 450.00                   |
|                                 | and children's education costs   | 8.                        | \$             | 0.00                     |
|                                 | laundry, and dry cleaning  | 9.                        | \$             | 20.00                    |
|                                 | care products and services   | 10.                       | \$             | 0.00                     |
|                                 | nd dental expenses   | 11.                       | \$             | 0.00                     |
| Do not incl                     | ation. Include gas, maintenance, bus or train fare. ude car payments.  | 12.                       | \$             | 150.00                   |
| Entertainn                      | ment, clubs, recreation, newspapers, magazines, and books  | 13.                       | \$             | 0.00                     |
| Charitable                      | contributions and religious donations  | 14.                       | \$             | 0.00                     |
| Insurance                       |  |                           |                | ·                        |
|                                 | ude insurance deducted from your pay or included in lines 4 or 20.   |                           | •              |                          |
| 15a. Life                       |  | 15a.                      |                | 0.00                     |
|                                 | Ith insurance  | 15b.                      | ·              | 1,016.00                 |
| 15c. Vehi                       | icle insurance   | 15c.                      | ·              | 125.00                   |
| 15d. Othe                       | er insurance. Specify:   | 15d.                      | \$             | 0.00                     |
|                                 | not include taxes deducted from your pay or included in lines 4 or 20.   |                           |                |                          |
| Specify:                        |  | 16.                       | \$             | 0.00                     |
|                                 | nt or lease payments:  |                           | •              |                          |
|                                 | payments for Vehicle 1   | 17a.                      | ·              | 0.00                     |
|                                 | payments for Vehicle 2   | 17b.                      |                | 0.00                     |
| 17c. Othe                       |  | 17c.                      | \$             | 0.00                     |
| 17d. Othe                       |  | 17d.                      | \$             | 0.00                     |
|                                 | nents of alimony, maintenance, and support that you did not report as  | 10                        | ¢              | 0.00                     |
|                                 | from your pay on line 5, Schedule I, Your Income (Official Form 6I).   | 18.                       | •              |                          |
|                                 | ments you make to support others who do not live with you.   | 40                        | \$             | 0.00                     |
| Specify:                        | and the second s | 19.                       |                |                          |
|                                 | property expenses not included in lines 4 or 5 of this form or on Schetgages on other property   | <i>auie I: Yo</i><br>20a. |                | 0.00                     |
|                                 | l estate taxes   | 20a.<br>20b.              |                | 0.00                     |
|                                 | perty, homeowner's, or renter's insurance  | 20b.<br>20c.              |                |                          |
|                                 | ntenance, repair, and upkeep expenses  | 20d.<br>20d.              | •              | 0.00                     |
|                                 |  |                           |                | 0.00                     |
|                                 | neowner's association or condominium dues  | 20e.                      | ·              | 0.00                     |
| Other: Spe                      | ecify: Education expense for children under 18   | 21.                       | +\$            | 720.00                   |
| Your mon                        | thly expenses. Add lines 4 through 21.   | 22.                       | \$             | 2,976.00                 |
|                                 | is your monthly expenses.  |                           |                |                          |
| Calculate                       | your monthly net income.   |                           |                | _                        |
| 23a. Cop                        | y line 12 (your combined monthly income) from Schedule I.  | 23a.                      | \$             | 2,238.00                 |
| 23b. Cop                        | y your monthly expenses from line 22 above.  | 23b.                      | -\$            | 2,976.00                 |
|                                 |  |                           |                |                          |
| 23c. Sub                        | tract your monthly expenses from your monthly income.  |                           |                | 700.00                   |
|                                 | result is your monthly net income.   | 23c.                      | \$             | -738.00                  |
| For example                     | spect an increase or decrease in your expenses within the year after yoe, do you expect to finish paying for your car loan within the year or do you expect your to the terms of your mortgage?  |                           |                | or decrease because of a |
| ☐ Yes.                          |  |                           |                |                          |
| Explain:                        |  |                           |                |                          |

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**B6 Declaration (Official Form 6 - Declaration).** (12/07)

## **United States Bankruptcy Court Northern District of Illinois**

| In re | Jordan Myles Kagan   |           |  | Case No. |      |  |  |
|-------|--|-----------|--|----------|------|--|--|
|       |  | Debtor(s) |  | Chapter  | 7    |  |  |
|       |  |           |  |          |      |  |  |
|       | DECLARATION C  | ONCERN    | ING DEBTOR'S SO  | CHEDUL   | ES   |  |  |
|       | DECLARATION UNDER F  | PENALTY ( | OF PERJURY BY INDIV                                    | DUAL DEI | BTOR |  |  |
|       |  |           |  |          |      |  |  |
|       | I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of25_ sheets, and that they are true and correct to the best of my knowledge, information, and belief. |           |  |          |      |  |  |
| Date  | April 9, 2015  | Signature | /s/ Jordan Myles Kagan<br>Jordan Myles Kagan<br>Debtor |          |      |  |  |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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B7 (Official Form 7) (04/13)

### **United States Bankruptcy Court Northern District of Illinois**

| In re | Jordan Myles Kagan | Case No.  |         |   |
|-------|--------------------|-----------|---------|---|
|       |                    | Debtor(s) | Chapter | 7 |

### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

### 1. Income from employment or operation of business

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$1,650.00 2015 YTD: Employment Income

\$6,539.00 2014 Employment Incom3 \$32,082.00 2013 Employment Income

### 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

B7 (Official Form 7) (04/13)

### 3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS DATES OF AMOUNT STILL AMOUNT PAID OF CREDITOR **PAYMENTS OWING** 

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT DATES OF PAID OR PAYMENTS/ AMOUNT STILL VALUE OF NAME AND ADDRESS OF CREDITOR **TRANSFERS OWING TRANSFERS** 

c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL **OWING** 

Pending

### 4. Suits and administrative proceedings, executions, garnishments and attachments

None П

a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT NATURE OF COURT OR AGENCY STATUS OR AND CASE NUMBER **PROCEEDING** AND LOCATION DISPOSITION Discover Card vs. Jordan Kagan. Collection Pendina Case No.: 15-AR-00000170 Barbara Yara vs. Kagan & Co., & Jordan Kagan, Pending

Case No.: 15-M3-001319

Collection Cook County Circuit Court, Chicago Pending

Chicago Tribune v Kagan & Ci 2015 -M2-000119

Fredin V Kagan Cook County Circuit Court Collection

2014-M2-000804 Chicago, Illinois

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF **PROPERTY** 

 $<sup>^</sup>st$  Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER

DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

#### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately

preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER

DESCRIPTION AND VALUE OF

PROPERTY

### 7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION RELATIONSHIP TO DEBTOR. IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

### 8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

### 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE Patrick J Hart 728 Florsheim Drive Libertyville, IL 60048 DATE OF PAYMENT,
NAME OF PAYER IF OTHER
THAN DEBTOR
November 13, 2014 and April 9, 2015

AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
\$1,400.00

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#### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled None trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER. AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

### 12. Safe deposit boxes

None 

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY

Harris Bank

NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY Penny and Jordan Kagan 5800N St Louis Chicago, IL 60645

DESCRIPTION OF CONTENTS Unknown

DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

### 14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

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#### 15. Prior address of debtor

None П

If the debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

**ADDRESS** 

2910 Sandalwood Road

Jordan Myles Kagan

NAME USED

DATES OF OCCUPANCY

2004 - 03/2014

Buffalo Grove, IL 60089 6512 N California

Chicago, IL 60645

Jordan Myles Kagan

04/2014 - 10/2014

### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS

NAME AND ADDRESS OF **GOVERNMENTAL UNIT** 

DATE OF

**ENVIRONMENTAL** 

NOTICE LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS

NAME AND ADDRESS OF

DATE OF

**ENVIRONMENTAL** 

NOTICE LAW

GOVERNMENTAL UNIT

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which None the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

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6 6

#### 18. Nature, location and name of business

None

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.

(ITIN)/ COMPLETE EIN

Kagan & Company 27-4616063

ADDRESS 555 Skokie Blvd

Northbrook, IL 60062

NATURE OF BUSINESS

Buying and selling 04/11 to 02/14

DATES SERVICES RENDERED

2013 to Present

**BEGINNING AND** 

**ENDING DATES** 

collectables and valuables

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

NAME ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

#### 19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS Lynn Rubin 2550 Crawford Evanston, IL 60201

KRD Financial Through 2012
1101 Perimeter Drive

#760

Schaumburg, IL 60173

None b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME ADDRESS DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

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NAME

**ADDRESS** 

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was

issued by the debtor within two years immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY

(Specify cost, market or other basis)

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY

RECORDS

21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None

b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

**ADDRESS** 

DATE OF WITHDRAWAL

None 

b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE Member DATE OF TERMINATION

Jordan Kagan

5800 N St Louis

Chicago, IL 60645

member

2014

2014

Vernon J Kagan 1050 Sunset CT Deerfield, IL 60015 Case 15-12738 Doc 1 Filed 04/09/15 Entered 04/09/15 15:09:39 Desc Main Document Page 39 of 58

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#### 23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

#### 24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

#### 25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

\* \* \* \* \* \*

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date April 9, 2015 Signature /s/ Jordan Myles Kagan

Jordan Myles Kagan

Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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B8 (Form 8) (12/08)

| In re Jordan Myles Kagan  |  |                  | Case No.   |                                  |
|---|--|------------------|--|----------------------------------|
|   |  | Debtor(s)        | Chapter  | 7                                |
| СНАРТ   | ER 7 INDIVIDUAL DEBT   | OR'S STATE       | MENT OF INTEN  | TION                             |
| PART A - Debts secured by p property of the estate.                             | roperty of the estate. (Part A a Attach additional pages if ne | •                | ompleted for EACH  | I debt which is secured by       |
| Property No. 1  |  |                  |  |                                  |
| Creditor's Name:<br>Midwest Community Bank                                      |  | One Half in Si   | perty Securing Debt<br>ngle family residence<br>0 Sandalwood Road, I | :<br>Buffalo Grove IL 60089      |
| Property will be (check one):   |  |                  |  |                                  |
| ☐ Surrendered   | ■ Retained   |                  |  |                                  |
| If retaining the property, I intend  ☐ Redeem the property  ☐ Reaffirm the debt |  |                  |  |                                  |
| ☐ Other. Explain  | (for example, av   | oid lien using 1 | 1 U.S.C. § 522(f)).  |                                  |
| Property is (check one):  |  |                  |  |                                  |
| ☐ Claimed as Exempt   |  | ■ Not claime     | d as exempt  |                                  |
| PART B - Personal property subj<br>Attach additional pages if necessary         |  | ee columns of Pa | art B must be complete   | ed for each unexpired lease.     |
| Property No. 1  |  |                  |  |                                  |
| Lessor's Name:<br>-NONE-  | Describe Leased Pr   | coperty:         | Lease will be U.S.C. § 365 ☐ YES                                     | e Assumed pursuant to 11 (p)(2): |
| declare under penalty of perju<br>personal property subject to an               | ary that the above indicates my unexpired lease.               | intention as to  | any property of my   | estate securing a debt and/or    |
| Date April 9, 2015  | Signature  | /s/ Jordan Myle  |  |                                  |
|   |  | Jordan Myles k   | Kagan  |                                  |

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|      |   | 1  | 1401 therm District of Inhiois  |  |                                     |
|------|---|--|---|--|-------------------------------------|
| In r | e Jordan Myles  | Kagan  |   | Case No.   |                                     |
|      |   |  | Debtor(s)   | Chapter  | 7                                   |
|      | DIS   | SCLOSURE OF COMI   | PENSATION OF ATTORN   | EY FOR DI  | EBTOR(S)                            |
| 1.   | paid to me within or  | one year before the filing of the pe   | e 2016(b), I certify that I am the attorne<br>etition in bankruptcy, or agreed to be p<br>nection with the bankruptcy case is as  | aid to me, for serv                                      |                                     |
|      | For legal servi   | ices, I have agreed to accept  |   | \$   | 1,765.00                            |
|      |   |  | ved   |  | 1,065.00                            |
|      | Balance Due   |  |   | \$   | 700.00                              |
| 2.   | The source of the co  | ompensation paid to me was:  |   |  |                                     |
|      | Debtor  | ☐ Other (specify):   |   |  |                                     |
| 3.   | The source of comp  | pensation to be paid to me is:   |   |  |                                     |
|      | Debtor  | ☐ Other (specify):   |   |  |                                     |
| 4.   | ■ I have not agree  | ed to share the above-disclosed co   | ompensation with any other person unl   | less they are mem  | bers and associates of my law firm. |
|      |   |  | pensation with a person or persons who<br>e names of the people sharing in the co   |  |                                     |
| 5.   | In return for the abo   | ove-disclosed fee, I have agreed t   | to render legal service for all aspects of  | f the bankruptcy of                                      | ease, including:                    |
|      | <ul><li>b. Preparation and</li><li>c. Representation of</li><li>d. [Other provision Negotiation agreement</li></ul> | filing of any petition, schedules,<br>of the debtor at the meeting of cre<br>as as needed]<br>ons with secured creditors to re | endering advice to the debtor in determ<br>statement of affairs and plan which made<br>editors and confirmation hearing, and a<br>reduce to market value; exemption<br>d; preparation and filing of motions | ay be required;<br>any adjourned hea<br>planning; prepai | rings thereof;                      |
| 6.   | Represen  |  | d fee does not include the following se<br>schargeability actions, judicial lien a  |  | of from stay actions or any other   |
|      |   |  | CERTIFICATION   |  |                                     |
| this | I certify that the for bankruptcy proceedi  |  | f any agreement or arrangement for pa   | yment to me for r  | epresentation of the debtor(s) in   |
| Date | ed: April 9, 2015   | 5  | /s/ Patrick J Hart  |  |                                     |
|      |   |  | Patrick J Hart 011424<br>Patrick J. Hart<br>728 Florsheim Drive<br>Libertyville, IL 60048<br>847 680 7240   |  |                                     |

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

# NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the

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Form B 201A, Notice to Consumer Debtor(s)

Page 2

#### Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

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B 201B (Form 201B) (12/09)

|         |   | tes Bankruptcy Co<br>rn District of Illinois     | ourt                |                               |
|---------|---|--|---------------------|-------------------------------|
| In re   | Jordan Myles Kagan  |  | Case No.            |                               |
|         |   | Debtor(s)  | Chapter             | 7                             |
|         | CERTIFICATION OF NO<br>UNDER § 342(b) Ol                        |  |                     | R(S)                          |
| Code.   | Certing I (We), the debtor(s), affirm that I (we) have received | fication of Debtor<br>ed and read the attached i | notice, as required | by § 342(b) of the Bankruptcy |
| Jordar  | n Myles Kagan   | X /s/ Jordan Myl                                 | es Kagan            | April 9, 2015                 |
| Printed | d Name(s) of Debtor(s)  | Signature of I                                   | Debtor              | Date                          |
| Case N  | No. (if known)  | X  |                     |                               |
|         |   | Signature of J                                   | oint Debtor (if any | v) Date                       |

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification. Case 15-12738 Doc 1 Filed 04/09/15 Entered 04/09/15 15:09:39 Desc Main Document Page 45 of 58

|       |  | Northern District of Illinois                |                            |                  |
|-------|--|--|----------------------------|------------------|
| In re | Jordan Myles Kagan                         |  | Case No.                   |                  |
|       |  | Debtor(s)                                    | Chapter 7                  |                  |
|       |  |  |                            |                  |
|       | VE   | RIFICATION OF CREDITOR MA                    | ATRIX                      |                  |
|       |  | Number of C                                  | Creditors:                 | 58               |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of creditor    | ors is true and correct to | o the best of my |
| Date: | April 9, 2015                              | /s/ Jordan Myles Kagan<br>Jordan Myles Kagan |                            |                  |

ACI, LLC 2420 Sweet Home Road Suite 150 Amherst, NY 14228-2244

American Express Attn: Customer Service P. O. Box 981535 El Paso, TX 79998-1535

Ann Stern 1225 RFD Lake Grove, IL 60047

Anthony Goldsmith 4131 Lake Cook Road Northbrook, IL 60062

Associated Allergists 1300 Reliable Pkwy Chicago, IL 60686

Bank of America P.O. Box 851001 Dallas, TX 75285-1001

Barbara Yara 1817 Ridge Drive Arlington Heights, IL 60005

Barclay Card Attn: Card Services P. O. Box 13337 Philadelphia, PA 19101-3337

Belle Kornick 1251 Hilary Lane Highland Park, IL 60035

Biomet Lockbox 8506 P.O. Box 8500 Philadelphia, PA 19178-8506 Bonnie Donahue 1314 South Blvd Evanston, IL 60202

Carey Gifford 1054 Cherokee Wilmette, IL 60091

Carole Kagan 1050 Sunset Court Deerfield, IL 60015

CHASE Cardmember Services P. O. Box 15298 Wilmington, DE 19850-5298

Chicago Tribune 435 N Michigan Chicago, IL 60645

Citi Cards P. O. Box 9151 Des Moines, IA 50368

City of Chicago Dept of Revenue P. O. Box 88292 Chicago, IL 60680-1292

Dewald Law Group, PC 1237 S Arlington Heights Road Arlington Heights, IL 60005

Discover Financial Services P. O. Box 6103 Carol Stream, IL 60197-6103

Doris Waller 2730 W Birchwook Chicago, IL 60645

Grand Rapids Opthamology 2301 Momentum Place Chicago, IL 60689-0001

Henry Pevitz 1958 NcCraren Rd Highland Park, IL 60035

Illinois Bone & Joint Institute 5057 Paysphere Circle Chicago, IL 60674

Janice Johnson 945 Ridgewood Drive Highland Park, IL 60035

Jeannie Brunk 645 Carlisle Avenue Deerfield, IL 60015

Jennifer Flannery 1140 Wickfield Court Naperville, IL 60563

Jim and Suzanne Kenney 4752 RFD Long Grove, IL 60047

Joanne Pass 5408 N Virginia Avenue Chicago, IL 60625

John and Susan Reschke 3824 Madison Skokie, IL 60076

Kathy Lapin 1440 Wilmot Road Deerfield, IL 60015

Kohl's
P.O. Box 3043
Milwaukee, WI 53201-3043

Lake Shore Gastroentology P. O. Box 7630 Gurnee, IL 60031-7002

Lisa Henner 2135 Colchester Court Hoffman Estates, IL 60192

Mages & Price LLC 707 Lake Cook Rd # 314 Deerfield, IL 60015

Marjorie Fradin 130 E Oak # 3B Chicago, IL 60611

Mercy Hospital Grayling P.O. Box 160 Cadillac, MI 49601-0160

Midwest Community Bank P. O. Box 689 Freeport, IL 61032

Monarch Recovery Management, Inc. 10965 Decatur Road Philadelphia, PA 19154

Nancy Green 32 Know CIrcle Evanston, IL 60201

Nicholas and Judith Talarico 1115 E Aldo Lane Mount Prospect, IL 60056

NICOR P.O. Box 2020 Aurora, IL 60507-2020

NorthShore University HealthSystem Attn: Hospital Billing Dept 23056 Network Place Chicago, IL 60673-1230

Northwest Community Healthcare 25709 Network Place Chicago, IL 60673-1257

Northwestern Faculty Foundation 25228 Network Place Chicago, IL 60673

Pat Llantino 3 Fox Trail Lincolnshire, IL 60069

PayPal 2420 Sweet Home Road Suite 150 Amherst, NY 14228-2244

Professional Placement Srvc 272 N 12th Street POB 612 Milwaukee, WI 53201-0612

Rewucki Ryszard 2755 Summit Avenue Highland Park, IL 60035

Richard P Sulkowski 180 N LaSalle Suite 2400 Chicago, IL 60601

Sandra Phillips 1094 Westberry Court Lake Zurich, IL 60047

Shirley Nemer 301 Stillwater Wauconda, IL 60084

Spectrum Health Medical Group c/o Allied Collection P.O. Box 2207 Grand Rapids, MI 49501-2207

Take Care Health Systems 1901 E Voorhess MS 3099 Danville, IL 61832 Target National Bank c/o Target Credit Services P. O. Box 1581 Minneapolis, MN 55440-1581

Targeted Learning Solutions Dr. Laurie Phillips 1650 N Arlington Heights Road, #101 Arlington Heights, IL 60004

The Family Institute of Northwestern 618 Library Place Evanston, IL 60201

Thomas J Ahern Law Offices Arlington Office Park 1855 Rohlwing Road, Suite D Rolling Meadows, IL 60008

Van Ru Credit Corporation 1350 E Touhy Avenue Suite 100E Des Plaines, IL 60018-3307

**Voluntary Petition** 

(This page must be completed and filed in every case)

Name of Debtor(s):

Kagan, Jordan Myles

#### Signatures

#### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Signatur of Debtor Jordan My

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

April 9, 2015

Date

#### Signature of Attorney\*

Signature of Attorney for Debtor(s)

### Patrick J Hart 01142461

Printed Name of Attorney for Debtor(s)

Patrick J. Hart

Firm Name

728 Florsheim Drive Libertyville, IL 60048

Address

#### 847 680 7240

Telephone Number

April 9, 2015

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

#### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person,or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankrupicy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

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| B 1D (Official Form 1, Exhibit D) (12/09) - Cont.   | ige 2 |  |  |  |  |
|---|-------|--|--|--|--|
| ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);  ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);  ☐ Active military duty in a military combat zone. |       |  |  |  |  |
| □ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.   |       |  |  |  |  |
| I certify under penalty of perjury that the information provided above is true and correct.   |       |  |  |  |  |
| Signature of Debtor:  Jordan Myles Ragan  |       |  |  |  |  |
| Date: April 9, 2015   |       |  |  |  |  |

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B6 Declaration (Official Form 6 - Declaration). (12/07)

**United States Bankruptcy Court Northern District of Illinois** 

| In re | Jordan Myles Kagan |           | Case No. |   |
|-------|--------------------|-----------|----------|---|
|       |                    | Debtor(s) | Chapter  | 7 |
|       |                    |           |          |   |

### **DECLARATION CONCERNING DEBTOR'S SCHEDULES**

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

| I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of | 25 |
|--|----|
| sheets, and that they are true and correct to the best of my knowledge, information, and belief.       |    |
|  |    |

Date April 9, 2015

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

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| B7 (Official Form? | 7) | (04/ | 13) |
|--------------------|----|------|-----|
|--------------------|----|------|-----|

23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within six years immediately preceding the commencement of the case.

#### NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within six years immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

\*\*\*\*

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date April 9, 2015

Signature

Jordan Myles Kagan

Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

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B8 (Form 8) (12/08)

|   |   |                    | Case No.  |                             |
|---|---|--------------------|---|-----------------------------|
|   | De  | ebtor(s)           | Chapter   | 7                           |
| СНАРТ   | TER 7 INDIVIDUAL DEBTOR                   | R'S STATEMI        | ENT OF INTEN  | ITION                       |
| PART A - Debts secured by p   | roperty of the estate. (Part A mu         | st be fully com    |   |                             |
| property of the estate.   | Attach additional pages if neces          | ssary.)            | protect for EACI  | i dear which is secured by  |
| Property No. 1  |   |                    |   |                             |
| Creditor's Name:<br>Midwest Community Bank  | IC  | One Half in Single | ty Securing Debt<br>e family residence<br>andalwood Road, F | Buffalo Grove IL 60089      |
| Property will be (check one):   |   |                    |   |                             |
| ☐ Surrendered   | ■ Retained                                |                    |   |                             |
| If retaining the property, I intend ☐ Redeem the property                           | to (check at least one):                  |                    |   |                             |
| Reaffirm the debt   |   |                    |   |                             |
| Other. Explain  | (for example, avoid                       | lien using 11 U.S  | S.C. § 522(f)).   |                             |
| Property is (check one):  |   |                    |   |                             |
| ☐ Claimed as Exempt   | -   | Not claimed as     | exempt  |                             |
| ART B - Personal property subject tach additional pages if necessary Property No. 1 | ct to unexpired leases. (All three coly.) | lumns of Part B 1  | must be completed   | l for each unexpired lease. |
|   |   |                    |   |                             |

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B 201B (Form 201B) (12/09)

### United States Bankruptcy Court Northern District of Illinois

|        | Not then District of Thinois                              |                |                      |                |                               |  |  |
|--------|---|----------------|----------------------|----------------|-------------------------------|--|--|
| In re  | Jordan Myles Kagan  |                |                      | Case No.       |                               |  |  |
|        |   | Debtor         | (s)                  | Chapter        | 7                             |  |  |
|        | CERTIFICATION OF NOTI<br>UNDER § 342(b) OF T              | CE TO<br>HE BA | CONSUMER<br>NKRUPTCY | DEBTOI         | R(S)                          |  |  |
|        | Certifica   | tion of        | Debtor               |                |                               |  |  |
| Code.  | I (We), the debtor(s), affirm that I (we) have received a | nd read t      | he attached notice,  | as required    | by § 342(b) of the Bankruptcy |  |  |
|        | Myles Kagan Name(s) of Debtor(s)                          | X              | grature of Debtor    | Tyles !        | Date                          |  |  |
| Case N | lo. (if known)  | XSi            | gnature of Joint De  | ebtor (if any) | ) Date                        |  |  |

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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| In re | Jordan Myles Kagan                            | Debtor(s)                                 | Case No<br>Chapter _ | 7                       |
|-------|---|---|----------------------|-------------------------|
|       | VER   | IFICATION OF CREDITOR M                   |                      |                         |
|       |   | Number of                                 | Creditors:           | 58                      |
|       | The above-named Debtor(s) he (our) knowledge. | ereby verifies that the list of credito   | ors is true and co   | rrect to the best of my |
| Date: | April 9, 2015                                 | Jordan Myles Kagan<br>Signature of Debtor | Xagan                |                         |